Sézary, A., and Drain, M. (1935). *Bull Soc. franç. Derm. Syph.*, **42**, 757. *Quoted by* Canizares (1954), p. 86.
Simpson, R. G. (1954). *Amer. J. Syph.*, **38**, 422.
Stannus, H. S. (1933). "A Sixth Venereal Disease". Baillière, Tindall and Cox, London.
Wright, L. T., Sanders, M., Logan, M. A., Prigot, A., and Hill, L. M. (1948). *J. Amer. med. Ass.*, **138**, 408.

DISCUSSION

(1) **Dr. Macfarlane** (*Newcastle-on-Tyne*), complimenting Dr. Alergant on his excellent paper, asked if he had had any experience in the treatment of the tertiary phase of the disease in women. In one particular instance, he had found recurrent ulceration and granulation-tissue formation in the genital region. Extensive and varied antibiotic schedules of chemotherapy had failed to produce permanent satisfactory results. Dr. Alergant, in reply, said that unfortunately he had had little experience in the treatment of this phase of lymphogranuloma infection.

(2) **Dr. Neville Mascall** (*London*) stated that he had been treating a chronic case of lymphogranuloma venereum, the main symptom of which was a discharging anal fistula. Prolonged courses of achromycin and terramycin had been given, also sulphadiazine and thalistatyl. The best progress seemed to be made when the patient was taking the sulpha drugs, especially thalistatyl. The sinus healed but unfortunately kept breaking down again. The blood titre at the beginning of treatment was 1/128, and so far, despite extensive treatment, no change had occurred. Frei's test was positive.

(3) **Dr. McElligott** (*London*) agreed that the complement-fixation test was on the whole a more useful diagnostic aid than the skin test using "Lygranum", which often gave anomalous results. He found that most uncomplicated cases responded well to sulphonamides, and that the proctitis, which so often accompanied the pelvi-rectal syndrome, was helped by retention enemata of 20 per cent. sulphaguanidine, after a preliminary bowel wash with a dilute solution of permanganate of potash, as described by Rajam and Rangiah (1955).

(4) **Dr. A. J. Gill** (*Manchester*) raised the question of the difficulty in cases of lymphogranuloma inguinale (LGV) in deciding whether they were fresh infections or not. It was common experience that a positive Frei test was a long lasting if not permanent sensitivity. Also, as the period of treatment for LGV was so short, it did not interfere materially with antibody formation and the titre in the complement-fixation test went on rising or remained very high for at least 2 years after infection. Positivity in these tests was good evidence of an LGV infection acquired perhaps years previously but, particularly where history-taking was difficult, there remained the doubt that the case might be an old one with perhaps a superadded septic adenitis.

(5) **Dr. Elisabeth Rees** (*Liverpool*) had seen two cases of lymphogranuloma in females at the Royal Infirmary, Liverpool, in the past 5 years. The first was an acute case with inguinal and femoral adenopathy demonstrating the "sign of the groove". The Frei test was negative and the complement-fixation test positive. The patient responded to treatment with sulphonamides. The second was a late case but presented no treatment difficulties because, when first seen, her rectum had already been removed by the surgeons who had diagnosed her complaint as carcinoma of the rectum. The true diagnosis was made by the pathologist on histological examination of the specimen. The Frei test was negative and the complement-fixation test positive. This patient was treated with terramycin.

REFERENCE

Rajam, R. V., and Rangiah, P. N. (1955). *Indian J. Derm. Venereol.*, **21**, No. 4, Suppl.